Revised December 1974

57060

CALIFORNIA LIQUID WASTE HAULER RECORD

015

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH SFUND RECORDS CTR HAULER OF WASTE (Must be filled by hauler) 999000588 PRODUÇER OF WASTE (Must be filled by producer) ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Pick up Address: Phone: (213) 321-1392 P.O. or Contract No. State Liquid Waste Hauler's Registration No. (if applicable) Order Placed By ____ No. of Loads or Trips:____ Type of Process which Produced Wastes: (Examples: Metal plating, equipment cleaning, oil drilling — wastewater treatment, pickling bath, petroleum refining) Vehicle: 🖫 vacuum truck 🗘 🗀 barrels, 🛘 flatbed, 🗘 other The described waste was hauled by me to the disposal DESCRIPTION OF WASTE (Must be filled by producer) facility named below and was accepted. Check type of wastes: I certify (or declare) under penalty of perjury that the foregoing is true and correct. 1. Acid solution 6. Tetraethyl lead sludge 11. Contaminated soil and sand AUTHORIZED AGEN AND TITLE 2. Alkaline solution 7. Chemical toilet wastes 12. Cannery waste DISPOSER OF WASTE (Must be fil 3. Pesticides 13. 🔲 Latex waste 8. Tank bottom sediment Montercy Park, C. 4. Paint sludge 9. 🗆 Oil 14. Mud and water Name (print or type): 10. Drilling mud 5. Solvent The hauler above delivered the described waste to this disposal facility and it was an acceptable Other (Specify) material under the terms of RWQCB requirements, State Department of Health regulations, and CODE NO Components: local restrictions. (Examples: Hydrochloric acid, lime, caustic soda, Concentration: phenolics, solvents (list), metals (list), Upper Lower ppm Quantity measured at site (if applicable): ______State fee (if any): organics (list), cyanide) Handling Method(s): ☐ recovery treatment (specify): EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) ☐ disposal (specify): ☐ pond ☐ spreading ☐ spreading ☐ injection well other (specify): _ If waste is held for disposal elsewhere specify final-location: Disposal Date: Hazardous Properties of Waste: I certify (or declare) under penalty of perjury that the foregoing is true and correct. toxic ☐ flammable ☐ corrosive ☐ explosive 'barrels other (SPECIFY) ☐ tons (42 gal.) The site operator shall submit a legible copy of each completed Record to the State Department of Bulk Volume: Health with monthly fee reports. drums cartons bags liquid studge Physical State: Special Handling Instructions (if any): \pm The waste is described to the best of my ability and it was delivered to a licersed liquid waste hauler (if applicable). FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING I certify (or declare) under penalty of perjury that the foregoing is true and correct. HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. oper Shipping Name